

**Department of Corrections
Request for Grant Application**

Project/Program Title: _____
Proponent Name(s): _____
Point of Contact Name: _____
Facility/District/Unit: _____
Address: _____
Phone and E-mail: _____

PROBLEM STATEMENT

Please describe the nature and extent of the problem to be addressed and improvements needed to address the problem. The purpose of this section is for the Grants Manager to develop a clear, concise picture of the problem or gap in services or benefits that will be addressed using grant funds. This section should also describe approaches taken thus far to address the problem. The description of the problem should be supported by an analysis of statistical information and/or other factual information or relevant literature.

PROGRAM DESCRIPTION

Please provide a description of the proposed solution to the problem, including the scope and intent of the proposed grant project relative to the agency mission.

GOALS & OBJECTIVES / EVALUATION / PERFORMANCE MEASURES

Please outline how the program should be evaluated, including what performance measures will be used to evaluate the program. Performance measures are used to determine the impact of the program's activities. They provide quantifiable information on the status of achievement on each objective. Performance measures clearly indicate if the objectives have been achieved; or, using increments, measure the degree to which the objectives have been accomplished.

PROGRAM / PROJECT COSTS

This section outlines the total annual cost for the project or program. Summary details in each area should be included in the table below:

Area	Description	Total Cost
Personnel		
Equipment		
Travel		
Supplies/Operating Expenses		
Contractors/Consultants		
Facilities/Rental		
Other		
TOTAL		

Required Matching Funds: \$ _____

From where will matching funds be derived? _____

SIGNATURES / ENDORSEMENTS

UNIT OR FACILITY HEAD SIGNATURE

This Request for Grant Application is approved by the undersigned on behalf of the Point of Contact and the Proponent(s) listed herein.

Signature and Title **Date**

ENDORSER COMMENTS AND SIGNATURE

Endorser Comments:

Signature and Title:* **Date**

**Senior staff endorsing will submit this form to the Grants Manager via US mail to: 2901 N. Classen Blvd., Suite 200, Oklahoma City, OK, 73106, or fax to (405) 962-6102, or e-mail to grants@doc.ok.gov.*

INSTRUCTIONS FOR COMPLETING GRANT PROPOSAL PRE-APPLICATION

Project/Program Title - Enter the name of the grant program proposed. The name should include the facility, district or unit sponsoring the program, e.g., "WS Key RID Video Court."

Proponent Name(s) - Enter the name(s) of those proposing the grant project/program; if more than one person, list each person's name.

Point of Contact Name – Enter the name of the person who will communicate with the Grants Manager on behalf of the Proponent(s).

Unit/Address/Phone/Email - Enter the complete address and phone number for the facility, district or unit completing the application.

Problem Statement - Complete this section as outlined under that heading on the application form.

Program Description - Complete this section as outlined under that heading on the application form.

Goals & Objectives/Evaluation/Performance Measures - Complete this section as outlined under that heading on the application form.

Program/Project Costs - Complete this section summarizing the annual total costs for the program in the areas indicated. If the grant requires matching funds, list the amount of the match and from where those funds will derive.

Source of Matching Funds - Indicate what Department of Corrections unit the match funds will be budgeted from.

Signature/Endorsements - The first signature is the application submittal signature, which is the signature of the unit or facility head. The signer's title should be indicated, e.g., Warden, JLCC.

Endorser Comments and Signature - This section lists the comments and signature of the senior staff member responsible for the facility, district or unit applying for the grant.

Note: All applications are to be submitted through your chain of command for review and approval.

Questions regarding this application form should be directed to the Grants Manager.